

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6982

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> (MS) MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; margin-top: 10px;"> Nelda Wells Spears </div>		<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE: </div> <div style="margin-top: 10px;"> 11116 Amaranth Ln. Austin, TX 78754 </div>		
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="margin-top: 10px;"> (512) 278-0288 </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS (MR) FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; margin-top: 10px;"> Bill Aleshire </div>		<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged </div>
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE: </div> <div style="margin-top: 10px;"> 700 Lavaca Suite 920 Austin, TX 78701 </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="margin-top: 10px;"> (512) 457-9838 </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 9 / 26 / 08 </div> THROUGH <div> Month Day Year 10 / 26 / 08 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 11 / 04 / 08 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Tax Assessor-Collector	Tax Assessor-Collector	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<div> .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Name </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Address / PO Box: Apt. / Suite #: City: State: Zip Code </div> <div style="margin-top: 10px;"> <input type="checkbox"/> additional pages </div>		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME****16 ACCOUNT # (Ethics Commission Filers)****17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 80.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 630.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 350.00

**CONTRIBUTION
BALANCE**

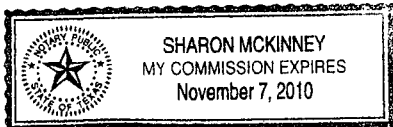
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2120.21

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Nelda Wells Spears

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nelda Wells Spears, this the 27th day of October, 2008, to certify which, witness my hand and seal of office.

Sharon McKinney

Signature of officer administering oath

Sharon McKinney

Printed name of officer administering oath

Adm. Asst. II

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)**4** Date

10/14/08

5 Full name of contributor☐ out-of-state PAC (ID#:

George + Joann Robison

6 Contributor address; City; State; Zip Code

6007 Hudson Bend Rd.

Austin, TX 78734

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

10/16/08

Full name of contributor

☐ out-of-state PAC (ID#:

Pardue, Brandon, Fielder, Collins & Mott, LLP

Contributor address; City; State; Zip Code

3301 Northland Dr., Ste. 505

Austin, TX 78731

Amount of
contribution (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)**4** Date

10-4-08

5 Payee name

Rudolph Malveaux

7 Amount (\$)

#150.00

6 Payee address; City; State; Zip Code

2703 Manor Rd., #101

Austin, TX 78722

8 Purpose of payment (See instructions regarding type of information required.)

Purchase supplies and postage.

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

10-3-08

Payee name

Rudolph Malveaux

Payee address; City; State; Zip Code

2703 Manor Rd., #101

Austin, TX 78722

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Purchase stakes, misc. materials.

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

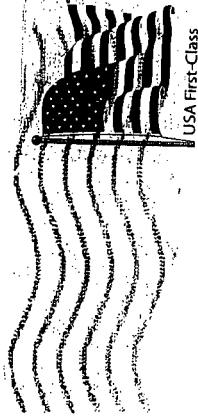
Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Nelda Wells Spears
11116 Amaranth Ln.
Austin, TX 78754

AUSTIN TX 787

28 OCT 2003 PM 1 T

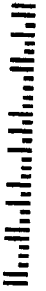


USA First-Class

28 OCT 30 PM 4:29

CLERK
COUNTY CLERK
TRAVIS COUNTY TEXAS

Travis County Clerk
Elections Division
5501 Airport Blvd.
Austin, TX 78751



78751+1410

